



SCHOOL-BASED MENTAL HEALTH ISSUE BRIEF

DECEMBER 2015

Mental health issues are common among today's school-aged children and youth, with an estimated one in five children under the age of 18 having a diagnosable mental health disorder.¹⁻³ Although most mental disorders can be managed with appropriate treatment, the vast majority of children needing services—an estimated 75% to 80%—do not receive them.⁴⁻⁶ The presence of untreated mental disorders can create significant challenges for young people, particularly in the academic environment.⁷ If unaddressed, these problems can impair academic performance, decrease school attendance, and cause behavioral issues in the learning environment.⁸

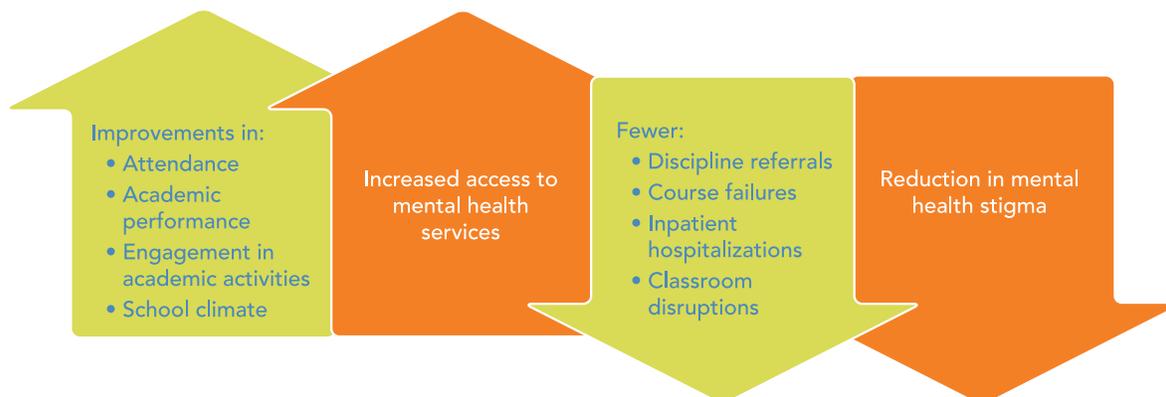
School-based mental health (SBMH) programs provide a continuum of mental health services to students and their families in the school setting. By placing mental health professionals in schools, SBMH programs increase access to needed mental health services, promote earlier identification of and intervention for mental health needs, and foster collaboration between mental health providers, school systems, and other community stakeholders.

The Georgia Apex Project, an initiative from the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), is a pilot initiative to increase provision of SBMH services throughout the state. To support the Apex Project, DBHDD has contracted with the Center of Excellence for Children's Behavioral Health at Georgia State University to conduct a literature review and environmental scan of SBMH activities, both in Georgia and nationally. The purpose of this report is to inform all stakeholders (state agencies, policy makers, mental health providers, schools, and families) of the benefits of SBMH services, lessons learned from past implementation efforts, and what existing SBMH programs look like in Georgia and other states.

BENEFITS

SBMH programs lead to a variety of positive outcomes for students, their families, and schools.⁹⁻²⁰ Examples include those in Figure 1.

Figure 1 – Positive Outcomes Associated With SBMH Programs



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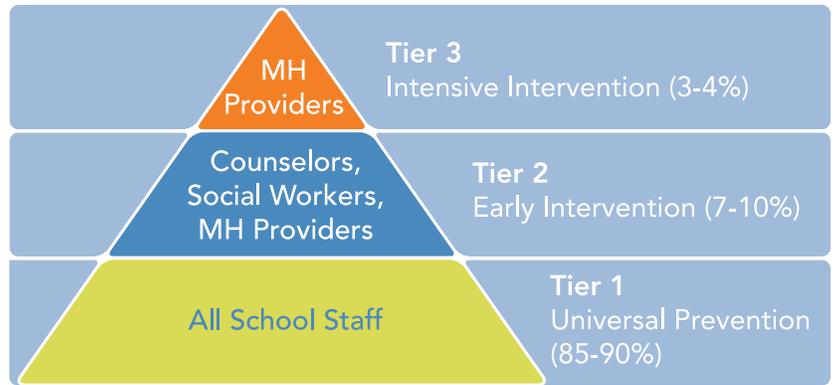
CONCEPTUAL FRAMEWORK

One conceptual model used to guide SBMH is the three-tiered intervention framework, where provision of mental health services is delineated into three distinct levels (see Figure 2).^{6, 8, 11, 21}

These three distinct levels are:

- Tier 1 programs and activities are generalizable to an entire school, are implemented school-wide (e.g. Positive Behavioral Interventions and Supports and Mental Health First Aid), and are provided by all school staff members.
- Tier 2 programs and services target students at risk of developing mental health concerns, are more specialized (e.g. social skills trainings), and are typically provided by school social workers, counselors, or mental health providers.
- Tier 3 services are tailored to a small population of high-risk students, are more intensive interventions (e.g. personalized behavior plans), and are typically delivered by mental health providers.

Figure 2 - Three-Tiered Approach to School-Based Mental Health⁹



PROVIDERS

SBMH professionals can provide services at one or multiple schools. Depending on the program, SBMH providers are either employed by mental health providers that are contracted to provide services within schools or employed directly by schools, school systems, or school districts.^{7, 11}

REFERRALS

Students may be referred to SBMH services by an adult, such as a school social worker, teacher, or counselor, or by the student him/herself (if of consenting age and ability). Referrals generally go through a specified referral process,^{7, 9} such as one depicted in Figure 3.

A teacher may notice a student having behavior problems and refer him/her to the school counselor. The counselor would then determine if that student should be referred on to the mental health professional.

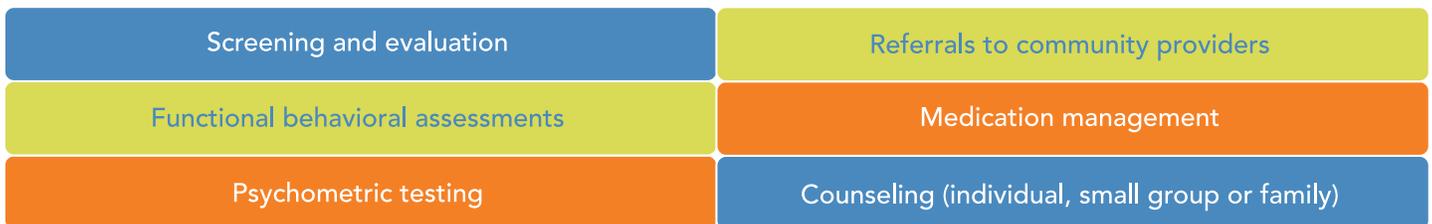
Figure 3 - Example of Referral Process



SERVICES

SBMH programs offer students and their families a broad spectrum of mental health services at low- or no-cost.^{11, 21-23} Services may include but are not limited to those in Figure 4.

Figure 4 – Variety of SBMH Services



SUSTAINABILITY

As the SBMH movement grows, some common elements have been identified that vitally contribute to program sustainability.^{12, 13, 25-27}

The elements crucial for SBMH sustainability include:

Consistent implementation of SBMH programs:

Well-defined standards promote a clear vision of the purpose, function, and intended implementation of the program for all involved stakeholders. Components include communication of program goals to school staff, plans to overcome implementation barriers, and systems for providing feedback.

Targeting the ecology of the child:

Including the most important individuals in a student's life (e.g. teachers, parents, peers, and other family members) in interventions may lead to improved outcomes for students. Such interventions include teacher training in classroom management, parent training in child management, and child cognitive-social skills training.

Diverse funding streams: Successful SBMH programs utilize a diverse range of funding sources in order to increase available resources, integrate additional partners into the SBMH program, and provide protection if a single funding source ends. In addition to billing third-party payers, like Medicaid and private insurance, some programs have local or district grants to cover non-billable services.

Stakeholder buy-in: Attaining buy-in from all stakeholders involved in the SBMH program is critical to support program implementation, operation, and growth. A strong partnership between the school and the provider is important.

BARRIERS

Although SBMH programs have been well received by involved stakeholders and the public, there are a number of barriers to successful SBMH implementation.^{13, 14, 16, 28, 29}

These challenges include:

- **Obtaining stakeholder participation:** Obtaining participation and support from stakeholders is critical to program success. For example, the likelihood for SBMH program success would be low in a school district in which the superintendent does not support SBMH efforts.
- **Insufficient start-up resources:** Lack of resources can hamper the successful implementation and growth of SBMH programs, whether it is a lack of initial funding, a lack of training opportunities for SBMH staff, or a lack of physical space to provide services in schools.
- **Lack of community-based providers to staff SBMH programs:** Because some SBMH programs are partnerships between schools and community mental health providers, the limited number of community-based providers can hamper SBMH program staffing.
- **Building collaborative capacity between school staff and community providers:** If the goals of SBMH programs and the roles of SBMH professionals are not clearly explained to school staff, potential issues of role confusion may arise between SBMH professionals and school employees.
- **Lack of specificity in conceptual and structural implementation policies:** Although there is a plethora of legislation aimed at enhancing SBMH work (e.g. the Individuals with Disabilities Education Act, the No Child Left Behind Act, etc.) these policies lack specific guidance for SBMH implementation.
- **Financing:** Securing consistent, adequate funding and adopting diverse funding streams is a significant challenge for many SBMH programs.
- **Overcoming mental health stigma:** In order to better reach students and families, mental health providers must work in collaboration with the schools to increase awareness of mental health issues, reduce mental health stigma, and create a supportive academic environment for students with mental health issues.

FINANCING

Although the financing structures for individual SBMH programs vary, successful SBMH programs employ a diverse stream of funding sources. Initially, many SBMH programs are created via grants from local, state, or federal government agencies or private partners. The majority of sustained programs bill to third-party payers for services rendered within the program. Some programs receive designated funding from local school and/or school district budgets.^{18, 22, 28}

SBMH CONSIDERATIONS

CONSIDERATIONS FOR PROGRAM IMPLEMENTORS	CONSIDERATIONS FOR POLICY MAKERS
<p>DURING PROGRAM IMPLEMENTATION:</p> <ul style="list-style-type: none">• Begin implementation efforts in schools with a defined SBMH need, a clear interest in SBMH, or a programmatic entry-point.• Develop a memorandum of agreement between community mental health providers and schools interested in establishing an SBMH initiative.• Facilitate collaboration between school staff and mental health professionals.	<p>ADDRESS LEGAL AND OR PRACTICE BARRIERS:</p> <ul style="list-style-type: none">• Examine and address policies that prevent providers from serving schools.• Examine and address legal issues relating to HIPAA and FERPA as they arise.• Review workforce needs related to the provision of SBMH services statewide; address gaps when possible.
<p>DURING CONTINUED PROGRAM OPERATION:</p> <ul style="list-style-type: none">• Encourage interagency collaboration between SBMH programs and child serving agencies around prevention services and sustainability.• Develop a plan for program evaluation including data collection, analysis and presentation to your community.• Create clear and sustainable funding mechanisms for SBMH programs.	<p>ADDRESS FUNDING BARRIERS:</p> <ul style="list-style-type: none">• Consider that State Medicaid Plans cover SBMH services provided in schools by a Medicaid provider.• Ensure that schools have a clear path to becoming a Medicaid provider.• Recommend that private insurers on State Exchanges cover SBMH services.• Designate funding to cover non-billable services.

The information presented in this brief comes from two sources: a review of literature on SBMH and interviews with SBMH program implementers across the nation, as well as one national SBMH expert.

References are available online.

Please find the issue brief online at <http://gacoeonline.gsu.edu/files/2014/05/School-Based-Mental-Health-Brief.pdf>